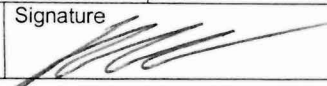


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Check # 12706

Date of Notification (1) <div style="text-align: center;">4 / 15 / 16</div>			Name of Building Owner/Operator (2) Princeton University Plasma Physics Lab								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Forrestal Campus, US Rt. 1 North							
				City, State, Zip Code Princeton, NJ 08543							
				Name of Contact Maria Pueyo		Telephone Number 609-638-2410					
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) C-Site Motor Generator Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Forrestal Campus, US Route 1				Square Feet 62,000							
City (5) Princeton				# of Floors 2							
County (6) Mercer				Bldg. Age 50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) research									
Name of Monitoring Firm Hired by Building Owner (8) Briggs Environmental		ASCM No. 00004	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc								
Street Address 3 Crosswicks Street		Street Address 923 Haws Ave,									
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Norristown, PA 19401									
Project Manager for Monitoring Firm Mike Hoodak		Telephone No. 609-298-5520	Telephone No. 610-239-9920	License No. 00398							
Start Date (10) <div style="text-align: center;">5 / 2 / 16</div>		Scheduled Completion Date (11) <div style="text-align: center;">5 / 31 / 16</div>		Name of OSHA Monitor Plymouth Environmental Co., Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 07:00AM-03:30PM / ____ PM - ____ AM				Street Address 923 Haws Ave,							
				City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
First Floor		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		pipe elbows, t-connections, flanges, valves		279LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		pipe elbows, t-connections, flanges, valves		54LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Bay Area		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		pipe elbows, t-connections, flanges		28LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		tank insulation		121SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 40CY		Name of Registered Landfill Grows Landfill					
City, State Sewell, NJ		Disposal Date 5/31/16		City, State Moorestown, PA							
Completed By (Print or Type) James M. Kelly		Title Vice President		Signature 				Date 4/15/16			

State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet
PPPL - CMG Building

(13)	(12)	Description	Amount	Abatement Type
Basement	YES	Tank Insulation	121SF	Removal
First Floor	YES	Transite Panels	91SF	Removal
Basement	YES	Transite Panles	2,120SF	Removal